

March 9, 2009

TO: Licensed Full Service Health Plans and Specialized Mental Health Care Service Plans

**FROM: Richard D. Martin, Deputy Director
Department of Managed Health Care**

RE: Improving Plan Performance to Address Autism Spectrum Disorders

The Department of Managed Health Care (DMHC) is committed to ensuring that individuals with Autism Spectrum Disorders (ASD) receive the care they are entitled to under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) and accompanying regulations. Last year, the DMHC conducted a series of workgroup meetings to gain information from participating stakeholders and individuals about the problems encountered in securing treatment for ASD. Since the ASD workgroup meetings concluded, the DMHC has been actively monitoring the performance and progress of health care service plans (health plans) in addressing areas of concern identified in those meetings.

Part A. Evaluation, Referral and Adequacy of Network for Persons with ASD.

Based on information received during the ASD workgroup meetings, the DMHC is directing health plans to significantly improve their performance in all of the following areas to ensure compliance with the Knox-Keene Act:

- 1) Plans must have adequate processes for the evaluation, screening, and diagnosis of patients for ASD in order to ensure these patients receive the right care at the right time. Specifically, the DMHC will be asking plans to:
 - Demonstrate, during the DMHC's routine medical survey, that their systems and processes support timely screening and diagnosis, paying particular attention to the DMHC's Mental Health Parity regulation, which requires:
 - Continuity and coordination of care consistent with professionally recognized, evidence-based standards of practice.
 - Collaboration between medical and mental health providers to ensure appropriate diagnosis, treatment and referral.

- Providing timely information to the Help Center's Complaint Division to assist in the resolution of complaints relating to timely screening and diagnostic services.
 - Providing medical records in a timely manner for independent medical reviews (IMR) resulting from the plan's denial of service requests based on lack of medical necessity or experimental/investigational services.
 - Timely responding to the DMHC's request to review systemic problems identified through the complaint and IMR systems.
- 2) Plans must assure that treatment plans are developed by qualified and licensed providers, and include information about available health care treatment options, which have been discussed with the health plan enrollee or parent.
- During the routine medical survey, health plans will provide documentation showing that the plan promotes a standard of provider communication that adequately communicates its health care treatment recommendations to the health plan enrollee or member. The DMHC's survey team will conduct file reviews to timely confirm coordination between medical and mental health providers and adequate oversight of procedures to confirm that health care treatment goals have been established and communicated to the enrollee or parent.
 - On an ongoing basis, the Help Center will monitor the adequacy of treatment plans to address ASD based upon enrollee complaints.
- 3) Plans are required to coordinate covered services for the treatment of ASD among their various providers to help implement treatment plans.
- The DMHC will confirm that the plan has established processes to facilitate timely communication, sharing of necessary information, and coordination of care between and among an enrollee's medical and mental health providers. The DMHC will query health plans about the mechanisms used to support coordination, such as case management, patient advocate liaisons, and contacts made with public agencies.
- 4) Plans must maintain an adequate network of doctors and other health care providers for carrying out these services.
- The DMHC, through routine medical surveys and call center trends, will evaluate the number and geographic distribution of providers in the health plan's network.

Part B. Treatment for Persons with ASD.

Health plans must do the following:

1. Cover all basic health care services required under the Knox-Keene Act, including speech, physical, and occupational therapies for persons with ASD, when those health care services are medically necessary.
 - The DMHC will conduct a review of health plan disclosures to consumers, and will require revisions to the Evidence of Coverage and other applicable documents as necessary to comply with mental health parity laws.
2. Provide mental health services only through providers who are licensed or certified in accordance with applicable California law.
3. May not categorically exclude any particular health care treatment or therapy for Autism Spectrum Disorder.

The DMHC will do the following:

1. Continue to enforce existing law regarding the grievance and the IMR process.
 - Any disputes about services for the treatment of ASD patients will be processed the same as for other conditions.
 - The DMHC will initially make a determination whether the service being sought is a covered health care service. If that determination is made in the affirmative, then any claim that a service is either: (1) experimental or investigational; or, (2) is not medically necessary to treat the patient's condition, will be referred for IMR as required under California law.
2. Initiate the rulemaking process to formalize plan requirements and provide additional clarity through an open and public process.

Please feel free to contact me at (916) 322-1583 should you need additional information.